

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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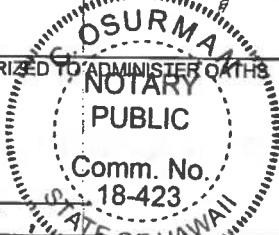
2020 REGISTRATIONLobbyist Registration
(Type or Print Clearly)

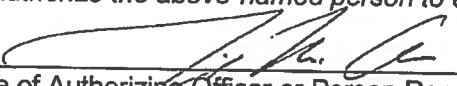
PART I LOBBYIST		
NAME (Last) (First) (Middle) Field, Laurie Ann		
LOBBYIST FIRM/EMPLOYER (If applicable)	TELEPHONE 808.954.4736	
MAILING ADDRESS (No. and Street or P.O Box) 839 S Beretania St.	FAX	
	EMAIL laurie.field@ppvnh.org	
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Planned Parenthood Votes Northwest and Hawaii	TELEPHONE 808.954.4736	
MAILING ADDRESS (No. and Street or P.O. Box) 2001 East Madison St.	FAX	
	EMAIL	
(City) Seattle	(State) WA	(Zip Code) 98122
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members) <div style="text-align: right;"><input checked="" type="checkbox"/> Not Applicable</div>		
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS <div style="text-align: right;"><input checked="" type="checkbox"/> Not Applicable</div>		

PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services	
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability	
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism	
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____	
<input type="checkbox"/> Other (indicate below):			

PART IV LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p> <p> LOBBYIST SIGNATURE</p> <p><u>1/16/20</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>16th</u> day of <u>January</u>, <u>2020</u>.</p> <p>By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>C. Osurman</u> <u>My Commission Expires:</u> <u>July 22, 2022</u> <i>Notary</i></p> <p></p> <p><i>Certification on next page</i></p>

PART V AUTHORIZATION TO LOBBY			
NAME Jennifer Allen		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED CEO	
NAME OF ORGANIZATION (if applicable) Planned Parenthood Votes Northwest and Hawaii		TELEPHONE 206.328.7735	
MAILING ADDRESS (No. and Street or P.O. Box) 2001 East Madison St.		FAX	
		EMAIL jennifer.allen@ppvnh.org	
(City) Seattle	(State) WA	(Zip Code) 98122	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		<u>Jan. 9, 2020</u> (Date)	

NOTARY PUBLIC CERTIFICATION

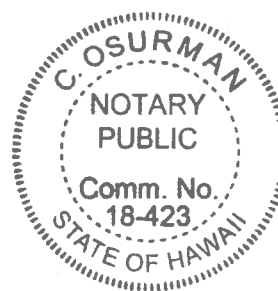
Document Date: N/A

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Notary Name: C. Osurman

Judicial Circuit: First

Doc. Description: 2020 Registration
Lobbyist Registration



Notary Signature: [Signature]

Date: 1/16/2020